

Docket No. 301492.1095-007 (Prior No. 1440.1095-007)

## NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD OF APPEALS

Applicant(s): William Cohn

Serial No.:

09/307,195

Group Art Unit:

3732

Filed:

May 7, 1999

Examiner:

J. Smith

For:

Surgical Retractor

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231 on Necentres, 18,3001 May 1. McDounnett

Date
Mary P. McDermott

Typed or printed name of person signing certificate

Commissioner for Patents Box AF Washington, D.C. 20231

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated June 18, 2001 of the Primary Examiner finally rejecting claims 1-14, 16-19, 21, 22, 24-36, and 41-50. The item(s) checked below are appropriate:

1.	[ X ]	Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated June 18, 2001 for 3 months from September 18, 2001 to December 18, 2001.		
2.	[ ]	A [ ] month extension of time to respond to the Office Action Made Final dated [ ] was filed on [ ] with payment of a \$[ ] fee.		
	[ ]	Applicant hereby petitions for an additional [ ] month extension of time to respond to the Office Action Made Final.		
3.	[ ]	An Oral Hearing before the Board of Appeals is respectfully requested.		
		2.00202105		

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320.00 OP 920.00 OP Application No.: 09/307,195

4.	Fees a					
	[X]	Extension of Time for 3 months		\$920.00		
	[]	Additional Extension of Time:				
		Fee for Extension ([ ] mo.)	\$			
		Less fees paid ([] mo.)	- \$			
		Balance of fee due		\$		
	[ X ]	Notice of Appeal	·	\$320.00		
	[ ]	Terminal Disclaimer		\$		
	[ ]	Other		\$		
				\$		
			TOTAL	\$ <u>1,240.00</u>		
5.	The method of payment for the total fees is as follows:					
	[X]	A check in the amount of \$1,240.00 is enclosed	osed.			
	[ ]	Please charge Deposit Account No. 50-1935 in the amount of \$[				
hia		charge any deficiency or credit any overpayr				

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 50-1935. A copy of this document is enclosed for accounting purposes.

Respectfully submitted, BOWDITCH & DEWEY, LLP

Thomas O. Hoover

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Fax: (508) 929-3073

Framingham, Massachusetts 01701-9320

Date: December 18, 2001